An Electronic Personal Health Record for Mental Health Consumers

Principal Investigator:	Druss, Benjamin, M.D., M.P.H.
Organization:	Emory University
Mechanism:	RFA: HS08-002: Ambulatory Safety and Quality Program: Improving Management of Individuals with Complex Healthcare Needs Through Health Information Technology (MCP)
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Summary: Because of complex health care needs and fragmentation of care, individuals with mental health disorders may benefit from the use of electronic personal health records (PHRs). PHRs can shift ownership and locus of health records, making them less likely to be scattered across multiple providers and more likely to be longitudinal and patient-centered. However, currently available PHRs typically lack mental health-related modules.

To address this gap, Dr. Druss and his research team adapted an existing PHR to better meet the needs of patients with serious mental illness and one or more co-morbid medical conditions. A series of focus groups with mental health consumers, mental health providers, and primary care providers were conducted to inform the adaptation. The research team conducted a randomized controlled trial to assess the impact of the modified mental health PHR (MH-PHR) on quality of care over a 12-month period. During the first 6 months of the intervention phase, a clinical care nurse helped patients access and maintain use of their MH-PHR; during the second 6 months, patients used the MH-PHR without support. A control group received education materials about health and self-management. The research team conducted chart reviews and interviews with patients to evaluate the impact of the MH-PHR on patient self-activation and provider effectiveness in mental health management.

Specific Aims:

- Develop a MH-PHR for mental health consumers. **(Achieved)**
- Implement a randomized trial of the MH-PHR. **(Achieved)**
- Evaluate impact of the MH-PHR. **(Achieved)**

2012 Activities: Data collection was completed and included followup interviews for the 170 participants at baseline, 6-, and 12-months, as well as medical chart audits to collect outcome data. The team completed data-cleaning activities and preliminary data analyses. Data analysis and manuscript preparation was ongoing at the end of the project term.

The team presented the study and interventions at several meetings, including "Changing the Way Consumers Manage Their Physical, Mental Health, and Substance Abuse Treatment Information" at

the Leadership and Technology Symposium at the Morehouse School of Medicine in May 2012, and "Changing the Paradigm: How Technology Can Empower the Health Care Consumer" at Centerstone Research Institute's Knowledge Network Summit in September 2012. There has been a lot of interest in the project because it has showed that the use of advanced technological tools is feasible in low-literacy, underserved populations.

Due to early project delays with the development of the software module and delays gaining permission to access patient charts, the project team used a 1-year no-cost extension to complete data collection, data analysis, and manuscript preparation. As last reported in the AHRQ Research Reporting System, project progress was on track and budget spending was on target. This project was completed in September 2012.

Impact and Findings: Results indicate that those who used the MH-PHR increased utilization of vaccinations and preventive services from their providers. In addition, they found that computer training was critical in engaging individuals in the project, as even consumers with low digital literacy were able to use the MH-PHR effectively with basic computer training.

Target Population: Adults, Chronic Care*, Low-SES/Low Income*, Medicaid, Mental Health/Depression, Racial or Ethnic Minorities*, Safety Net, Uninsured

Strategic Goal: Develop and disseminate health IT evidence and evidence-based tools to support patient-centered care, the coordination of care across transitions in care settings, and the use of electronic exchange of health information to improve quality of care.

Business Goal: Implementation and Use

This target population is one of AHRQ's priority populations.